FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronicelly.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.



	Transfer and the second		
COMMITTEE NAME (Must be same as on Statement of On	ganization)		
Citizania For 102100	ne XI	FORM	
IMPORTANT: disdicate by # type of committee you are reporting for	-1 /1	DR-2	DISCLOSURE
(1) Statewide/Legislative/Judge Standing for Retention Candidate	(2)State PAC (3)State Party	(Rev. 12/2009)	REPORT
(4) County Central Committee (5) County Candidate (8) City Can Subdivision Candidate (8) County PAC (9) City PAC (10) School	didate (7)School Board or Other Political Board or Other Political Subdivision PAC (For Office Use O	
11) Local Ballot Issue	The state of the s	Comm. #	1753
CANDIDATE COMMITTEES ONLY:		Logged In	
Candidate Name	Pelitical Party (if applicable)	Scanned	
Nate Wellams	Democrat	Computer	
Office Sought	District (if Senate or House)	Audited	
Mayor House	29		
Late reports are subject to possible civil and criminal penalties. P condidate's committee, and the chairperson, for any other type of	ursuant to lowe Code sections 68B.32A(7) a	nd 68A.401(3), the ca	andidate, for a
continues and the charperson, for any other type of	committee, is the individual responsible for	ming timely and accu	rate reports.
1 400 1 500			_
Mg Gressmans	319 894 8921	DATE:	<u>′D</u>
SIGNATURE OF PERSON FILING REPORT	TELEPHONE	DATE	SIGNED
5/ 6/./			
IAM FILING A 3/16 - 6/4/10	REPORT FOR (1) ELECTION /(2)	71	EAR.
(report date)	Indicate by#		
CHECK IF AMENDMENT TO REPORT DATED	Loca	sl Committees, enter D	ate of Election
_			and or Electrical
Check if this is final (termination) report and attach Notice	of Dissolution Form DR-3.	nty & Local Committee	s, enter County in
(You must continue to file reports until a DR-3 is file		th Election is held	
		· · · · · · · · · · · · · · · · · · ·	
STATEMENT OF CASH ON HAN	ID		-
CASH ON HAND at the beginning of the reporting period. (T	otal of all funds held by the		
committee. This amount MUST be the same as the	cash on hand at the end	.	
of the last reporting period or must be zero if this is	first report filed.)	\$ <u></u> \$	<u>1,142,38</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD			
Schedule A: Cash Contributions total (Attach Sche	dule A) (*also see in-kind below)		<u> 2 235. –</u>
Schedule F: Loans Received total (Attach Schedul	e F)		7 0
Schedule H: Total Sales of Campaign Property (At	,		
	tach Schedule H)		<u> </u>
	· ·		0, -
(Schedule H applies to Candidates' Con	nmittees Only)		L 277 38
(Schedule H applies to Candidates' Con	nmittees Only) SUB-TOTAL		4,377.38
(Schedule Happlies to Candidates' Con SUBTRACT TOTAL MONEY SPENT THIS PERIO	SUR-TOTAL	34	4,377,38
Schedule H applies to Candidates' Com SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B	SUB-TOTAL SUB-TOTAL D (**also see debts and loans below)		4,377,38
(Schedule Happlies to Candidates' Con SUBTRACT TOTAL MONEY SPENT THIS PERIO	SUB-TOTAL SUB-TOTAL D (**also see debts and loans below)		
Schedule H applies to Candidates' Com SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B	SUB-TOTALD SUB-TOTAL S) (**also see debts and loans below)		4, 377, 38 3,744 16 0, 633, 22
Subtract total Money Spent this Perio Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (If final research)	SUB-TOTAL D I) (**also see debts and loans below) sule F)		
Subtract total Money Spent this Perio Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (If final re"UNPAID BILLS (From Schedule D - Attach Schedule D)	SUB-TOTAL B) (**also see debts and loans below) cule F)	s 24	
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (if final re"UNPAID BILLS (From Schedule D - Attach Schedule D)" *IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	SUB-TOTAL SUB-TOTAL S) (**also see debts and loans below) sport balance must be zero)	s	
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule E: CASH ON HAND at the end of this reporting period (If final re**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule F - Attach Schedule Schedule E - Attach Schedule F - Attach Schedule Schedule F	SUB-TOTAL SUB-TOTAL S) (**also see debts and loans below) sport balance must be zero)		700,
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule E: Attach Schedule CASH ON HAND at the end of this reporting period (If final re**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)	SUB-TOTAL SUB-TOTAL S) (**also see debts and loans below) sport balance must be zero)		
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule E: Schedule F: Loan Repayments total (Attach Schedule CASH ON HAND at the end of this reporting period (If final re**UNPAID BILLS (From Schedule D - Attach Schedule D)** *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule T: Attach Schedule CONSULTANT BREAKDOWN (Schedule G: Attached?) CANDIDATE COMMITTEES ONLY:	SUB-TOTAL		700,
SUBTRACT TOTAL MONEY SPENT THIS PERIO Schedule B: Expenditures total (Attach Schedule B: Schedule F: Loan Repayments total (Attach Schedule E: Attach Schedule CASH ON HAND at the end of this reporting period (If final re**UNPAID BILLS (From Schedule D - Attach Schedule D) *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule CONSULTANT BREAKDOWN (Schedule G Attached?)	SUB-TOTAL		700,

MACHIETADY

SCHEDULE

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM
SALADMA JESTI LILLY & MOST		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	MAY E AND ADDRESS OF SOUTH OF			
RECEIVED	(if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-
(MM/DD/YR)	AND PAC CHECK		(if applicable)	I NEOLIVED	RAISER
	NUMBER				INCOME
	10#	EDWAAD M. CARISON		s	
	CK#	220 Scobey Rd.		3	
5,29.10	1333	MT. VERNOW, TA 52714		15, -	
	ID#	DANIEL KULDWICK			
	CK#	Daniel Kruppiek 931 Malin DR.			
5.39.10	271	Bellmore N.G. 11710		200,-	
	ID#	Peter Fisher		1	
	CK#	5109 110 th ST NE \$4450			
5129110	5222	SOION, TA. 52373		50.	
11.	ID#	Rod Me Leed		~ 17/	
•		205 W Portland ST			
5.29	RAT RIVER	Phenry Az 85003		1 000	L
3 277	ID#			200,	
		Kan Silverman			
5.29	CK#	SHIH WILSON LA.		ال ا	·
7.27	ACT Blue	Bethesday Min 20814		20,	
	1.5."	JEANS MILLIAM			
مر م	CK#	7131 Arling FON Pd #304			لـــــا
4.29	ACK Blies	Bethe sda MT 20814		-100:	
	10#	Joshua AAresid			
~ ~	CK#	600 S. CLIPSON AVE #322			
5.29	ACT Blue	LOG ANGELES, CA 90071.		2501	-
'	IU#	WM. Schlickenmaich			
	CK#	2001 N. Adams 511 #537		ļ	
5,29.10	ACT BILL	ABLINGTON: VA. 22201		50,	
	ID#	Justia the ight			
_	CK# /	1451 W MT. VERSON Rd.			
5,29	ACT CILLE	MT. VERNOOD FA 32314		25,-	
- V	ID#	ERIC Wright	· · · · · · · · · · · · · · · · · · ·		
	CK# A.	595 5. Gaylord ST			
K129,12	ANT Sue	DENVER Po SOSO		150-	
	1000	30,30	SUB-TOTAL	1 36/1	·
				\$ 1060,	-
		TOTAL (if last page	of this schedule)		
					1

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page ______of______

SCHEDULE

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	A (Rev. 07/03)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	VIFFOR FUND- RAISER INCOME
5.29.10	CK# ACT Also	ANNE FAHLGREN 963 Kent AVE #C3 Brooklyn NY 11209		3/22	
g.29.	CK# ANT Glere	MANREEN MEYER 1133 Columbia Rd N.W WAShingaton, NC 20009		100,	
5,29.10	CK# ANT Blue	HNNE FIREGIEN 963 Newt Ave #C3 Prooklyn NY 11209 MANACEN Meyer 1133 Columbia Rd N.W WAShington, NC 20009 ERIC, W. He 20 Greenbreit LN OHMMUN, TA 52501 John Walter		240,-	
9.39.10	CK# ACT Blue	John Walter 5609 Western Ave Omaha Ne 68132 RYAN Erlich 3048 5. Buchanan #CZ ARLINGTON, VA 22204		500,-	
5.29.10	CK# AAT LILLE 10#	RYAN Erlich 3048 5. Buchanan #CZ AAUNGTON, VA 22204		125;	
	CK#				
	CK#		SUB-TOTAL	S. J. J. CO. ST. II.	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR	INSTRUCTIONS.	SEE BACK	OF FORM
, ,,,	"TO COUNTION	GEE BAUA	Ur rurin

\$ 3.445 (2.1.243)

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B MONETARY
(Rev. 07/03) EXPENDITURES

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF 1D NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

CHECK THIS BOX IF AMENDING FORM

_ • _	CALDIA -	same as on Statement of Organization)		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10 29.10	CK#	ACT Blue PO BOX 382110 CAMBRIDGE MA 02231	transmittal Report	\$53.15
<i>5.19</i>	ID# CK# OR / / AVE	ACT Alua PO BOX 382110 Cambridge ma 02238	transmittal Apt.	19, 75
3:15:10	ID# CK# //8//	Ad. CAMPT 309 5th Ave 5E Cedar Rapids, IA 53	PRINTING	616.30
<u> (41.10</u>	CK#	TRUMAN FLERE 5661 Flewe DR DES MOUNTS, TO GOT	contaibution	3,000.
≾ı <i>3j·10</i>	CK# // 8 3	Solon fire Dept. 131 N FOWA ST. Solon, IA 58333	Contribution	25.
5.21.1 <u>0</u>	ck#	Friends of Solon Lil 320 W MAIN Solon TA 52333	CONTRIBUTION	25.
6.29.10	CK# <u>@A\\\\</u> ID#	FO Box 382110 CAMbridge, MA 022	transmital Ret	4,
	CK#			

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expanditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expanditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A-402(3)(i).)

Page _____ of ____

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

Litaries	t be same as on Statement of Organization)		(Rev. 02/08) R
	orts money loaned to the committee which is deposited in the FROM LAST REPORTING PERIOD \$	e committee account.	CHECK THIS
RT1 - MONETARY LO (Original source	ANS RECEIVED <u>THIS</u> REPORTING PERIOD of loan, such as a bank, must be shown if a third party is in	volved. Include loans from o	· candidate's personal funds
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP CANDIDATE (If Applie	
			\$
	,.		
ART II - MONETARY I	LOAN REPAYMENTS MADE THIS REPORTING PERIOD on must be reported on Schedule E - In-kind Contributions.)	TOTAL (PART I)	\$_ <i>f</i> 5_
DATE PAID (MM/DD/YR)	LOAN REPAYMENTS MADE THIS REPORTING PERIOD In must be reported on Schedule E - In-kind Contributions.) NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP	S AMOUNT REP
(Loans forgive) DATE PAID	n must be reported on Schedule E = In-kind Contributions.) NAME AND ADDRESS OF LENDER		TO AMOUNT REP
(Loans forgive) DATE PAID	n must be reported on Schedule E = In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP	icable)
(Loans forgive) DATE PAID	n must be reported on Schedule E = In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP	icable)
(Loans forgive) DATE PAID	n must be reported on Schedule E = In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP	icable)
(Loans forgive) DATE PAID	n must be reported on Schedule E = In-kind Contributions.) NAME AND ADDRESS OF LENDER	RELATIONSHIP	icable)
(Loans forgive) DATE PAID	NAME AND ADDRÉSS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP CANDIDATE* (If Appl	icable)